

Beehive Forensics Institute at the **University of Utah**
STUDENT MEDICAL INFORMATION and RELEASE

Beehive Forensics Institute Participant: _____

Date of Birth: _____ Gender: _____

Primary Care Physician: _____

Phone: _____

Participant has adequate health insurance to cover the costs of treatment in the event of any injury or illness: Yes___ No___

Insurance Provider: _____ Policy #: _____

Policy Holder: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employer: _____

Does your child have any medical conditions or physical conditions/limitations that might inhibit his/her ability to participate in camp activities? Yes___ No___

If yes, please explain:

Does your child take any medications? Yes___ No___

If yes, please describe medication(s) type, dosage and frequency:

Does your child have any allergies or dietary considerations? Yes___ No___

If yes, please list and describe as specifically as possible:

Are there any religious observances you have that pertain to any medical care you may or may not receive? Yes___ No___

If yes, please explain:

Parent/Guardian 1: _____ Phone: _____

Parent/Guardian 2: _____ Phone: _____

Emergency Contact: _____ Phone: _____

In case of serious emergency or illness, when parents or guardians cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care. I, the undersigned, am the parent and/or legal guardian of the minor Participant named above. I am familiar with the activities that take place at the Beehive Forensics Institute.

Parent/ Guardian Signature: _____

Print Name: _____ Date: _____